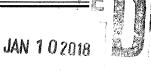
UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK



PRK DAMAN D.C. WP

	2810 JAH F H 3: [8
Fill in above the full name of each plaintiff or petitioner.	1207792
Mcc H. Fishna	18 CV 28
-against-	
Ofe of Cout Administration	• • • • • • • • • • • • • • • • • • •
New Yak Courts	
Fill in above the full name of each defendant or respondent.	
DECLARATIO)N
Motion for Ada ,	Accommeditions to
be Granted m My	Accommedations to State Frails Courts
Briefly explain above the purpose of the declaration, for ex Motion for Summary Judgment."	
I, Mirc Fishma, declare	under penalty of perjury that the
following facts are true and correct:	
In the space below, describe any facts that are relevant to order. You may also refer to and attach any relevant docur	
I request & Federal Court of	order Staying all MY
State Family Court proceed	ings until the MY State
Fauly Court and Office of	Court Administration
Complies with all Ada A	+ comoditions rejusts.
Per Rule 8, a Federal C Of a district Court.	out may stey an evde
Of edistrict Lout.	/ /

Pleise See attacked "Complant" es vecsans for	
a Federal Stey under Rike S. AS Family Would	
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appel for deniel of ede Accordation, Sacking	
Federal Sty of all Family Court Proceedings	
and Orders mill my Couplant Can be head	
Tedoral Grant A for the Grant Cto would	
In Federal Court. Not to Grant Stay would	
point MY State Court to Contine to discriminate	
- 15 chot me and my Son for our gralified Ada	
Dischilities. Regusting Federal Order Approving a	
Note take in Got for my menon dischildy reguest	
_ on order for Large Print Court Orders, Rejust on	
Order to morning only court apparances due to	
my treduss from sless appeal disch. It Rows	
an order that the State Cout Private me with	
max madical records se 1 to Court from Social	
my medical records sent to Court from Social walks that I paid for and need for my traction of post concession syndrime (TBI)	
William I I prid to me near for my	
Treatment of post wheressia & ynevene (TOSI)	
Attach additional pages and documents if necessary.	
Attach additional pages and documents if necessary.	
1/2418	
Executed or (date) Signature	
Metershan	
Name Prison Identification # (if incarcerated)	
Address City State Zip Code	
Telephone Number (if available) Ventoviver Gyne, () E-mail Address (if available)	